

# TRAVEL EXPENSE CLAIM

CHP 262 (Rev. 3-93) OPI 071

☐ Relocation ☐ Out of State

DEPARTMENT  
BTH Agency

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CLAIMANT'S NAME Dale E. Bonner	I. D. NUMBER [REDACTED]	SOCIAL SECURITY NUMBER [REDACTED]	WORK TELEPHONE NUMBER (916) 323-5401
POSITION Secretary	CB / ID NUMBER E99	DIVISION OR BUREAU Business, Transportation & Housing Agency	LOCATION CODE 699
RESIDENCE ADDRESS [REDACTED]		HEADQUARTERS ADDRESS 980 9th Street, Suite 2450	
CITY, STATE, AND ZIP CODE [REDACTED]		CITY, STATE, AND ZIP CODE Sacramento, CA 95814	

1. MONTH / YEAR		3. LOCATIONS WHERE EXPENSES WERE INCURRED	4. LODGING	5. MEALS			6. INCIDENTALS	7. TRANSPORTATION				8. BUSINESS EXPENSE	9. TOTAL EXPENSES FOR DAY
2. DATE	TIME			BREAKFAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		A. COST OF TRANS.	B. TYPE USED	C. TOLLS, PARKING	D. PRIVATE CAR USE MILES AMOUNT		
Jan/2010													
14	1600	Sacramento to Los Angeles						45.00	cab				45.00
15		Los Angeles											
18	2200	Los Angeles to Sacramento						36.00	cab				36.00
20	1600	Sacramento to San Francisco	175.86			18.00				36.48		23.00	253.34
21		S.F. / Oakland / Los Angeles		6.00	10.00	18.00		41.00	cab				75.00
25		Los Angeles								12.00			12.00
26	2230	Los Angeles to Sacramento								12.00			12.00
27	1700	Sacramento to Los Angeles						41.00	cab				41.00
Feb 1	1130	Los Angeles to Sacramento											
CLAIM TOTAL			175.86	6.00	10.00	36.00		163.00		60.48		23.00	474.34

11. PURPOSE OF TRIP, REMARKS AND DETAILS (ATTACH RECEIPTS / VOUCHERS WHEN REQUIRED)  
1/15 - SCAG meeting with transportation directors. 1/20 - Dinner meeting with Public Infrastructure Advisory Committee (PIAC) Commissioner. 1/21 - PIAC meeting in Oakland. 1/25 - Panel Speaker at Verdexchange Conference and attend Southern California National Freight Gateway Coalition (SCNFGC) meeting. 1/26 - Day 2 of SCNFGC meeting. 1/28 - Metro / 710 Corridor Executive Meeting.

12. NORMAL WORK HOURS  
13. REGULAR DAYS OFF  
14. PRIVATE VEHICLE LICENSE NUMBER  
15. MILEAGE RATE CLAIMED

## ACCOUNTING USE ONLY

PAID FOR BY REVOLVING CHECK NUMBER

16. I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately-owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by S.A.M. Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE (Blue Ink Only) 	DATE 2.4.10	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 2/8/10
SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES		ADMINISTRATIVE SERVICES OFFICER	